



CAMP REQUIRED PAPERWORK INFORMATION

Included in this file is all the paperwork that you will need to provide for your child to attend camp this Summer. As you know, our camp programs are licensed by the Commonwealth of Virginia and we are in full compliance with all regulations. The paperwork required in this packet is needed to keep our camp in compliance with these regulations and provide a safe environment for your child, therefore no exceptions can be made to this requirement. Please take time to carefully read and complete this packet and **return by May 1, 2005. Hard copies of the forms with signatures will need to be delivered or mailed to our office at: Douglass Community Center, 407 East Market Street, Leesburg, VA 20175.** If at any time, you have questions about filling out the forms, please feel free to contact our office. We have created "fill in" fields on the forms to make the process less burdensome for you. The areas that you need to type into are shaded in yellow. If you have a full version of Adobe Acrobat on your computer, you can save the form including "contents" that you type for future use.

- **CAMP APPLICATION FORM & SWIM ABILITY FORM (Pages 2, 3, 4 of this document)**

This form must be filled out completely.

Be especially careful to put in all house numbers and complete phone numbers.

This form also includes a line for your signature to acknowledge your receipt of the parent handbook, which is included in this packet after the Camp Application Form.

- **SCHOOL ENTRANCE FORM (HEALTH FORM) (Last four pages of this document)**

This three page form needs to be completed and signed by a physician. If you do not wish to have your physician complete this form, you may also obtain a copy of this completed form from your child's elementary school if desired. You can request them to fax it directly to Douglass Community Center at 703-771-5926. If you choose to have this form faxed to us, please send a short note to us when you return the rest of your paperwork that indicates you have made this request, and to what school.

- **IDENTITY VERIFICATION**

Douglass Community Center staff needs to see one of the following.

1. Original Birth Certificate.
2. Original Hospital Birth Record
3. Report Card – Elementary (Report cards can be faxed to us at 703-771-5926)
4. Passport

- **DID I COMPLETE EVERYTHING CHECKLIST????**

____ Completed Camp Application Form & Handbook Acknowledgment 3 pages (ALL BOXES)?

____ Signed in 2 places on the Camp Application Form & Handbook Acknowledgment?

____ Completed the Camp Registration / Swim Ability Form and signed in 1 place?

____ Called my child's school to request them to fax the "School Entrance Form" to 703-771-5926?

____ **"OR"** Printed the "School Entrance Form" to have my physician fill out if I did not request my child's school to fax a copy as indicated above, or the school was unable to do so?

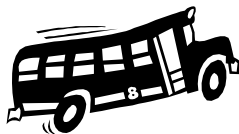
____ Reviewed the Parent Handbook?

____ Answered "received" in reply to this email, so we know you were able to get this information?

____ Faxed or mailed all of the above paperwork, including a copy of report card for ID verification to 703-771-5926 or mail to: Douglass Community Center, 407 East Market St., Leesburg, VA 20176.?

____ Taken an original Birth Certificate or Passport directly to Douglass Community Center Staff for ID verification if I was unable to fax or mail a copy of a report card?

____ Given yourself a big pat on the back for completing all of this paperwork by May 1, 2005?!?!?!?



County of Loudoun
Department of Parks, Recreation, and Community Services (PRCS)
Douglass Community Center CAMP APPLICATION FORM Page 1

**PARTICIPANT INFORMATION**

Child's Name	Child's Nickname	Social Security Number	Sex	Age	Date of Birth
Child's Address	City	State	Zip Code	Home Phone	
Child's School	Grade	Previous Child Daycare Programs			
Additional Programs Child May Concurrently Attend:					

PARENT/GUARDIAN INFORMATION

Primary Guardian's Name	Home Phone	Work Phone	Cell Phone	Pager
Home Address	City	State	Zip Code	
Place of Employment	E-mail Address	Do you have Legal Custody of Child?		
Secondary Guardian's Name	Home Phone (if different)	Work Phone	Cell Phone	Pager
Home Address (if different)	City	State	Zip Code	
Place of Employment	E-mail Address	Do you have Legal Custody of Child?		

Person or Agency Having Legal Custody of Child if Different from Above	Home Phone	Work Phone	Cell Phone	Pager
Home Address	City	State	Zip Code	Place of Employment

EMERGENCY INFORMATION

Please list FOUR emergency contacts other than parent or guardian who are authorized to pick up child-**Be Sure to Include Complete Addresses**

1. Name	Relationship	Work Phone	Home Phone	Cell/Pager
Home Address	City	State	Zip Code	
2. Name	Relationship	Work Phone	Home Phone	Cell/Pager
Home Address	City	State	Zip Code	
3. Name	Relationship	Work Phone	Home Phone	Cell/Pager
Home Address	City	State	Zip Code	
4. Name	Relationship	Work Phone	Home Phone	Cell/Pager
Home Address	City	State	Zip Code	

The Following Person is NOT Authorized to Pick Up Participant*: (Please provide name and relationship)

*Appropriate paperwork, such as the divorce decree or other legal documents must be attached if a person is not allowed to pick up the child.

MEDICAL INFORMATION

Child's Physician	Physician's Phone	Insurance Company	Policy Number
Is your child under a physician's care or treatment or taking medications on a regular basis? YES / NO If yes, please list prescription name and complete medical/special needs addendum			
Does your child have allergies? YES / NO Please list allergies and action to take in an emergency:		Does your child have any identified special need(s) (developmental, physical, emotional, or learning)? *If yes, please complete medical/special needs addendum.	

CAMP APPLICATION FORM PAGE 2

CHILD NAME: _____

RELEASES (Please Check)

EMERGENCY MEDICAL RELEASE

___ In the event of injury or serious illness, I give permission for **PRCS** staff to obtain medical treatment for my child, I understand that if my child needs to be transported to an emergency facility, that decision will be made by the emergency team who responds to the call.

___ In the event of injury or serious illness, I do not give permission for the **PRCS** staff to obtain medical treatment for my child. Instead, I instruct the **PRCS** staff to _____.

(NOTE: In the event that your child becomes ill, and it is a non-emergency situation, PRCS staff will immediately notify the parent/guardian. The parent/guardian will be requested to arrange to have the child picked up as soon as possible.)

SWIM/FIELD TRIP RELEASE

___ I give permission for my child to participate in the program's transportation and field trips. I understand I will be notified of dates, destinations and times of trips.

___ I do not give permission for my child to go swimming or on field trips.

PERMISSION AND LIABILITY RELEASE

By signing below, I absolve the County of Loudoun of any responsibility for any accident or injury to my child or caused by my child to others where neglect is not involved. Furthermore, I understand that **PRCS** can only be responsible for my child during days and times that he has been checked in and that **PRCS** will not be responsible for my child when he is traveling to and from our activity via transportation not-provided by Loudoun County.

PHOTOGRAPHIC RELEASE

By signing below, I give permission to **PRCS** to use photographs and videos of my child for publicity in order to increase community awareness of **PRCS** programs and in any and all publications and other media without limitation.

REGISTRATION AGREEMENT

1. Children may be removed from camp for inappropriate behavior. Code of Conduct is in Parent's Handbook.
2. Children are grouped according to age and functioning level. **PRCS** reserves the right to make adjustments in ratio and in placement to better meet the child's needs.
3. Session fees are the same no matter how many program days my child attends.
4. Program fees are **NOT REFUNDABLE** and are due upon registration and/or due dates indicated in parent handbook.
5. If payment is not made by the above dates, a late fee of \$20 per child will be assessed per program.
6. If payment arrangements are not made by 5 days after the due date, the child will be removed from the program.
7. Parents will be assessed a late pick-up fee of \$1 per minute for all children not picked up by close of program.
8. Two weeks written notification is required if my child will discontinue coming to the program. **NO REFUNDS.**
9. Proof of the child's age and identity must be verified prior to attending camp with original/certified copy of child's birth certificate, report card, birth registration card or passport.
10. The following forms must accompany application form: a copy of my child's physician-signed *Physical and Immunization Form* from their school or doctor's office; swimmer's ability/disciplinary policy form; proof of identity.

My signature confirms that I have authorized all the checked releases above and that I have read the registration agreement.

Signature of Parent/Guardian

Date

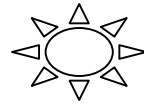
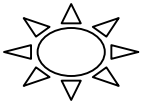
PARENT HANDBOOK ACKNOWLEDGMENT FORM

I have read, understand and agree to all information contained in the 2005 Trip Camp Parent Handbook for the Trip Camp program held at the Douglass Community Center.

Parents/Guardian Name (Print): _____

Parents/Guardian Signature: _____ Date _____

Staff Signature: _____



2005 SUMMER CAMP REGISTRATION / SWIM ABILITY FORM

Child's Name _____ Primary Guardian _____

Child's age as of May 1, 2005 _____ years _____ months

Attended last year? Yes _____ No _____ What camp? _____

Currently attends CASA/Preschool? Yes _____ No _____ What site? _____

Are there any special talents/events/speakers that you can assist us with during the summer? _____

SWIMMING ABILITY LEVEL: **APPLIES TO TRIP CAMP ONLY**

My child's swimming level is: (please check only 1 line)

_____ **Beginner** – can swim only in the shallow level, not past my child's shoulders

_____ **Average** - can swim in the mid section of the pool (over my child's head as well as the shallow level)

_____ **Advanced** – can swim in any area of the pool, including the diving area

Comments:

CAMP DISCIPLINARY POLICY:

The goal of the Loudoun County Parks, Recreation and Community Services Summer Camp Program is to provide a positive, caring environment, which will help to nurture the growth, development and socialization of your child. The Code of Conduct will be explained to the children during the first week of camp. The staff, together with the children, will decide on campsite rules. When a discipline problem occurs we will follow this procedure in order to find a workable solution:

1. Contact parents to discuss the situation and together work on a positive solution. Incidents as they occur will be documented on an Accident/Incident Report form.
 2. If the situation does not improve, the parents will be contacted requesting a conference. Events since the first discussion will be reviewed and alternative solutions will be explored.
 3. After these attempts to rectify the situation have been made, three incident reports have been given, and no progress is evident, the family may be asked to remove the child from the program temporarily.
 4. If the inappropriate behavior continues, permanent dismissal from the program may result.
- Violation of the camp zero tolerance policy will result in immediate dismissal from camp.

Zero Tolerance Policy: PRCS does not permit the use of tobacco products, alcohol, drugs or fireworks during our summer camp programs. The use or threat of use of weapons is also prohibited. In addition, theft, shoplifting, any violent behavior or destruction of property will not be tolerated. Any violation will result in immediate dismissal from camp with no refund of camp fees. Parents will be expected to provide transportation home in the event of dismissal from camp.

Signature of Parent/Guardian _____

Date _____

Staff: Please Complete.

Program Start Date 6/20/05 Program End Date 8/26/05

Staff Signature: _____



**County of Loudoun
Parks, Recreation and Community Services
Douglass Community Center**

**Parent Handbook
For Summer Trip Camp**

ADMINISTRATION CONTACTS

Douglass Community Center
703-771-5913
Judy Molzhan, Manager
Jon Mattia, Assistant Manager

CONTACT INFORMATION

MAILING ADDRESS:

Douglass Community Center
407 East Market Street
Leesburg, VA 20175

OFFICE HOURS:

Monday—Friday -- 7:00 a.m. to 9:00 p.m.
Saturday -- 8:00 a.m. to 4:00 p.m.

ADMINISTRATIVE STAFF:

Judy Molzhan, Center Manager
Voice: 703-771-5913
Email: jschreib@loudoun.gov

Jon Mattia, Assistant Manager
Voice: 703-771-5913
Email: jmattia@loudoun.gov

EMERGENCY CONTACTS

Leesburg Police Department 703-771-4500
Loudoun County Sheriff 703-777-0498
Emergency 911
Poison Control 202-625-3333

PURPOSE

The primary purpose of the Summer Trip Camp Program is to provide safe, accountable, fun recreational activities for children in grades 1-6 for eleven weeks during the summer. The activities and trips are designed to enhance recreation, behavior, social and physical skills.

GOALS AND OBJECTIVES

All goals and objectives are taken into account when preparing daily and weekly plans as well as field trip destinations. We strive to integrate both education and fun into our field trip destinations. We will swim three days per week, with the other two days to destinations such as parks, museums, learning farms, etc.

A. To provide a program which promotes children to reach their highest potential during activities.

- Develop and implement quality, daily field trips throughout the Metropolitan area. Trips will be designed to enhance and develop social skills and educational opportunities, while maintaining a fun and safe atmosphere.
- Develop and implement developmentally appropriate recreational activities, including sports skills, nature, music, dramatics, academic, arts & crafts, supervised free play and games.
- Teach sportsmanship
- Teach cooperation
- Teach self-discipline and respect for property

B. To provide instruction in basic recreation skills which can be used both immediately and in the future

- Develop age appropriate recreational activities and trips in sports, skills, nature, music dramatics, academic, arts & crafts, supervised free play and games.
- Implement and teach sports, skills, nature, music dramatics, academics, arts & crafts, supervised free play and games.

C. To integrate the children into the community

- Develop and implement community service projects
- Create bulletin boards and other media to inform the school and community about the program and the program's goals.
- Maintain a working relationship with the community center staff.

D. To encourage participation in activities according to children's abilities, not their disabilities

- Assisting children will aid in the development of social, physical, mental health, language and intellectual skills.
- Provide inclusion opportunities for all children.

E. To improve awareness of recreation, education and community resources.

- Engage guest visitors from recreation, education, other county agencies and the at-large community.

F. To offer quality programming

- Plan varied, fun age and developmentally appropriate programs after assessing children's interests and needs.
- Follow established curriculum guidelines.

G. To provide a safe, healthy environment for the children and the staff.

- Maintain State of Virginia Day Care licensing standards.
- Follow all policies and procedures established by the County of Loudoun, Department of Parks, Recreation and Community Services.

PROGRAM ADMINISTRATION

The programs are administered by Douglass Community Center, a project of the Loudoun County Department of Parks, Recreation and Community Services. Please see prior pages for exact names and phone numbers.

MANAGEMENT/ADMINISTRATION

Staff supervision and daily program operation is managed by Community Center Manager. Registration, fee collection and licensing oversight is also the responsibility of the Center Manager or designated staff. Please call them with concerns on program, discipline, fee payments and program activities.

LICENSING

The Commonwealth of Virginia sets standards for and licenses child day care programs. The Douglass Community Center Trip Camp program meets these standards and is licensed.

ORGANIZATIONAL CHART

Department of Parks, Recreation and Community Services in relation to Trip Camp:

- Acting Department Director, Diane Ryburn
- Division Manager-Community Centers, Jan Nelson
- Community Center Manager, Judy Molzhan
- Trip Camp Supervisors & Leaders

ADVISORY BOARD

Douglass Community Center Advisory Board

Douglass Community Center has established a citizen advisory board. The Boards:

- Act as liaisons between the staff and the community and provide advice on community recreation needs and expectations.
- Conduct fund raisers to enable the centers to provide additional programs and services to the community.
- Help plan, publicize and carry out special events.

Parents are encouraged and welcomed to attend monthly meetings and become active members of the board. The meetings afford parents the opportunity to assist staff in planning and carrying out quality programs and special events. Check with the Center manager for exact times and locations.

GENERAL INFORMATION

- Dates:** Eleven one-week sessions from June 20, 2005 to August 26, 2005.
- Days:** Monday through Friday
- Time:** 7: 00am to 6: 00pm (Trip times vary by destination)
- Eligibility:** Children entering first grade through those entering eighth grade in the fall of 2005.
- Ratios:** Staff to camper ratios are at least 1 staff to 15 children for regular education students.
- Please Bring:** Campers are requested to bring a bag lunch, snacks and drinks and sunscreen daily. Refrigeration is not available, and staff cannot be responsible for purchasing lunch for your child. Also, some destinations will not have food and drink available for purchase. Your child should be dressed appropriately for outdoor activities. Your child's lunch must be labeled clearly with their name.
- Camper Shirts:** Each registered child is provided with two camp T-shirts per summer. (Not per session) Camp shirts are to be worn to camp each day. Additional shirts may be purchased for \$6.00. Campers signing into camp in the morning without a camp shirt will be required to purchase a shirt to wear that day. ***Please put your child's name on the tag of their camp shirts.*** Brightly colored wrist bands will be provided for your child to wear on swimming days.

Sample Trip Camp Schedule

Individual games/activities will vary from group to group.

- 7:00-8:25am** Camp opens, children play board games, self directed play, create with miscellaneous craft supplies, supervised free play.
- 8:25-8:30am** Rest room/Water Break
- 8:30-9:30am** Daily Opening ceremonies, Announcements, etc.
- 10:30am-5:00pm** Daily Field Trip. Lunch break during the day.
- 5:00-6:00pm** Indoor/outdoor games, activities or project.

We will go swimming each week.

Swimming

1. Children should wear their suits to camp under their clothing, and put a change of under clothing in their bags for after swimming.

2. **Bring:** A large towel
Sunscreen – Labeled with child's name.

Sunscreen is essential to prevent burning. We cannot provide sunscreen for your child because of possible allergic reaction. Please be sure your child has sunscreen. Staff will remind campers and supervise application during pool breaks. Staff is unable to apply sunscreen to your child. If your child does not have sunscreen, you will be contacted for instructions.

3. Swimming Levels

- | | |
|-----------|-------------------------------------|
| Beginners | Shallow only / first rope |
| Average | Shallow - Mid sections |
| Advanced | Any area of pool, including diving. |

4. Children must be on site by departure times to participate in trips.

Fees

1. Loudoun County Participants:

\$160 per camp week for elementary. \$170 per camp week for middle school.
\$20 Late payment fee (see #2 under payment schedule)

2. Out of County Residents:

\$200 per camp week for elementary. \$212.50 per camp week for middle school.
\$20 Late payment fee

Payments

1. Checks are made payable to:

County of Loudoun

2. Visa and Master Card will be accepted

Payment Schedule

Fees are due 14 days prior to the beginning of each camp week.

**** After this date, child may be removed from the slot, and the slot filled by the next available child.
If slot is still available, a \$20 late fee will apply.

Late Pick-up Fee

A \$1 per minute late pick-up fee will be assessed for every minute after 6:00pm. Late charges will begin being charged immediately after 6:00pm. Parents who are frequently late may be asked to seek alternate childcare.

Reduced Rates

Reduced rates may be available through the Loudoun County Department of Social Services. Please call 703-777-0360 to determine eligibility.

Registration

1. Registration started in March by Lottery format and is ongoing until filled.

By registering for a session the parent agrees to make the full session payment regardless of the number of program days the child actually attends. **Once registered and paid, there are no refunds.**

2. Out-of-County Residents

Out-of-County residents may register beginning on April 25, 2005 (space permitting) during regular community center hours. The fees are 25% above those of county residents.

REQUIRED LICENSING PAPERWORK

Trip Camp is licensed by the Commonwealth of Virginia Social Services. As a result, there are certain mandated paperwork requirements that we must strictly enforce. The following paperwork must be completed properly and submitted prior to the first day of your child's attendance. Incomplete paperwork will prevent attendance and no refunds will be issued.

- Summer program application.
- Immunization form signed by doctor.
- Proof of identity. Birth certificate or report card.

POLICIES AND PROCEDURES

Program Accountability

Sign in and out Procedures

- Parents or guardians are required to sign their child in each program day that the child attends. If the parent/guardian does not sign the child in then program staff cannot be held responsible for the child for that program day. Staff will take attendance prior to going to opening ceremonies and throughout the day as children come and go.
- Parents or guardians must specify on registration form who has permission to pick-up their child (ren) from the program. Parents must provide in writing if another person is to pick-up and sign-out their child. This person must be aged 16 or up.
- A child will be dismissed only to those persons authorized in writing do so. A certified custody order must be on file on site to prevent a natural parent from picking up a child.
- If parents contact the staff by phone, staff will verify parents request with a return phone call before child will be released. If an adult comes to pick up a child without prior written consent, the parent or guardian will be contacted before the child will be released.
- Parents, legal guardians, or other persons listed on the registration form are required to sign the child in or out of the program.

Emergency Pick-Up Information

Two emergency contacts (other than parents/guardians) must be listed on the Children's application before a child will be admitted to the program. Emergency contacts must be within a 15 mile radius of the day camp site. One of these emergency contact will be contacted to pick-up child(ren) in the event of an emergency if the parents/guardians cannot be reached, or if child is not picked up within 15 minutes of close of program.

CAMP DISCIPLINARY POLICY

The goal of the Loudoun County Parks, Recreation and Community Services Summer Trip Camp Program is to provide a positive, caring environment, which will help to nurture the growth, development and socialization of your child. The Code of Conduct will be explained to the children during the first week of camp. The staff, together with the children, will decide on campsite rules.

During the first week of camp, a Parent Notification/Camp Contract will be sent home. This form will be used to notify parents of behaviors that may potentially lead to incident reports.

When a discipline problem occurs we will follow this procedure in order to find a workable solution:

1. Contact parents to discuss the situation and together work on a positive solution. Incidents as they occur will be documented on an Accident/Incident Report form.
2. If the situation does not improve, the parents will be contacted requesting a conference. Events since the first discussion will be reviewed and alternative solutions will be explored.
3. After these attempts to rectify the situation have been made, three incident reports have been given and no progress is evident, the family may be asked to remove the child from the program temporarily.
4. If the inappropriate behavior continues, permanent dismissal from the program may result.

Violation of the camp zero tolerance policy will result in immediate dismissal from camp.

Zero Tolerance Policy: PRCS does not permit the use of tobacco products, alcohol, drugs or fireworks during our summer camp programs. The use or threat of use of weapons is also prohibited. In addition, theft shoplifting, any violent behavior or destruction of property will not be tolerated. Also, A CHILD WANDERING FROM THE GROUP OR INTENTIONALLY LEAVING IS CAUSE FOR IMMEDIATE DISMISSAL ON THE FIRST OFFENSE. Any violation will result in immediate dismissal from camp with NO refund of camp fees. Parents will be expected to provide transportation home in the event of dismissal from camp.

Behavior Rules / Discipline Procedures

A. Camp Code of Conduct

The Code of Conduct is included in this parent handbook so that the parents and children are informed of the behavior expected of all our participants for the safety, health and happiness of the children, staff and volunteers involved with the Trip Camp program. Parents should go over the code of conduct with their child prior to camp. **Staff will emphasize these basic concepts: Honesty, Respect, Fairness, Trust, Caring, and Responsibility.** In addition, site rules will be developed by the children with the guidance of the Day Camp staff.

Trip Camp Code of Conduct

- Campers and staff have fun.
- Children are treated with respect and are respectful to each other, the property of others and the staff.
- Campers are fair to one another and to the staff. They follow good sportsmanship in their play.
- Campers use proper language. Campers obey the bus rules when riding in bus or other vehicles and swimming pool rules when at the pool.
- Campers stay with their designated group and leaders during the program and obey designated camp boundaries. This is very important in order to ensure safety in public places.
- Campers care about each other. They obey site playground rules and safety rules.

B. Bus Rules

- Children must stay in seats during movement of the bus.
- Children must follow directions of the bus driver.
- Eating and drinking are not permitted on the bus.
- Children must board and depart bus as a group.
- Children may talk quietly on the bus to neighbors but must not yell across aisle or to someone several seats away.
- Children must keep noise level low during the ride.
- Hands, clothing must stay inside the bus during the time the bus is in motion.

C. Discipline and Incident Reports

- Typical steps pertaining to discipline and incident reports:
- Child doesn't abide by rule; supervisor gives verbal warning and informs parent.
- Child's second offense; staff gives time out, writes an incident report and informs parent. Parent and camp staff, together with the child, develop strategies to improve behavior. Upon parent receiving a 2nd incident

report, staff will inform parent that **if behavior does not improve, the 3rd report may lead to suspension from the program.**

- Child's third offense; staff writes an incident report and informs parent. Supervisor consults with their Supervisor for the appropriate action and parent is informed of decision. If a suspension is appropriate, the parent will be given 24 hours notice so that alternative arrangements can be made.

Incident reports are also written for other serious events on site such as fire, drug reaction, security, or other unusual situations.

Cause and Procedures for Dismissal

The Day Camp program and staff are pledged to make every effort to maintain a child in the program. Only after all procedures have failed on the part of the administration, staff and parents, and with just cause, will dismissal be considered.

Cause

- Failure to pay fees as required.
- Failure to complete all required registration procedures.
- Failure to comply with program policies, procedures, and code of conduct.
- Child wandering or intentionally leaving the group while on a field trip. (first offense)

Procedures

- If cause for dismissal is evident the staff will contact the parents and all efforts will be made to remedy any problems that exist. In most situations the parent will be given at least 24 hours notice before a suspension from the program.
- After a suspension, a probationary period of at least three days duration will be set to allow time for the problem to be resolved.
- If after the three day probationary period, the problem still exists, the staff and parents will again discuss possible solutions. Suggestions may be made to seek referral of the problem to other County resources or agencies. Only after all resources have been expended will dismissal be considered. Parents will be notified in writing of the dismissal and will be given a 24 hour notice.

Withdrawal Procedures

Parents should notify Center Manager in writing through a letter of withdrawal if they plan to withdraw their child from the program.

Field Trips/Special Events

Trip Camp will participate in daily field trips throughout the Washington/Baltimore Metropolitan Area. Many of these trips are taken to places that are very busy and crowded. Due to this, it is very important that you review the following guidelines with your children carefully.

- Your child **MUST** have their camp shirt on every day. These shirts are intentionally a bright color. This allows staff to quickly distinguish your child from the general public when in busy settings such as museums.
- On swimming days, each child will be provided with a brightly colored wrist band to wear to identify them to our group.
- Review procedures with your child on what they should do if they are separated from the group.
- Permission forms must be completed and returned for each week, or the child may not participate.

Swimming Procedures

On the first day of swimming children will be briefed on rules, regulations, and procedures at the swimming pool. When children arrive at the pool they will be directed to sit in an assigned area. The staff will begin swim testing will begin. The life guards will administer the swim test and qualify the children in three areas.

1. **Beginner** - shallow end only.
2. **Average** - shallow and mid-depth area.
3. **Excellent** - any area (including diving section).

Children are required to come back to the assigned areas during pool breaks and staff will take a head count. Children will stay in assigned area. Children change at the pool before returning on the bus to camp. Staff make a sweep of changing areas to make sure nothing is left behind, and they will take a head count on the bus before departing swimming pool. Sunscreen should be applied periodically during pool breaks. Staff will remind campers.

Children's Belongings

A designated area will be set aside for children's personal belongings. All campers are encouraged to have a labeled book bag or for their belongings. An area will be designated for their storage. Campers are discouraged from bringing valuable items to camp.

Health and Emergencies

1. Daily Health Check

- Each child has a daily health inspection upon arrival at the program. If the staff feels the child is not well, or has a fever, recurring vomiting or diarrhea, you will be asked to take the child home. To allow a child to attend, while sick or before complete recovery, is not only individually harmful, but exposes the entire group to the risk of infection.

2. Communicable Diseases

- Please call the Center Manager if your child will not be attending the program for any reason. We do take daily attendance and need to know why your child is absent for the day.
- If a child has been sick and running a fever of 100', he should remain home for at least 24 hours after the fever breaks. A child should not attend the program if they have a runny nose and are not capable of caring for it.
- If a child enrolled in the program has a communicable disease, the parents are urged to notify the center manager immediately. The parents of the other children will be notified.
- Children who have had a communicable disease may not return to the program unless they have a doctor's certificate stating they are no longer contagious.

3. Immunizations

- Each child is required to have the immunizations and vaccinations appropriate for a child their age before acceptance into the program. The child's immunizations must be certified by a doctor on the type of medical form provided by the program.
- A child may be exempted from the immunization if the parents submit to the Center Manager a "Certificate of Religious Exemption."

4. Ill or Injured Children

- If a child becomes ill or is injured while at the program the parent will be immediately contacted. If the parent is not available, the emergency contact person will be called.
- Ill children will be taken to and cared for in the site or center office until they are picked up.
- In an extreme emergency, the child will be taken by the local rescue squad to the closest emergency facility. If site ratios permit, a member of the center staff will follow the child and stay with him until a parent arrives.

5. Medications

If a child must take medication during the program hours, a **permission to administer medication form must be completed and given to the Site Supervisor along with the medication. Only prescription medication may be given and it must be in its original bottle.** The medicine will be locked up in the Medicine Box.

The note from the parent must include RX number, exact dosage, the name of the medicine, time to administer and any special instructions. Please tell the staff if there are any side effects to watch for. Parents/guardians must take the medication home at the end of the day, unless they sign a **Long Term Medication Form**. These medications may remain in the locked medicine box overnight. Staff is not allowed to administer any non-prescription drugs.

Staff will inform parent of any adverse reaction to medication given during program hours or of any medication errors.

Reporting Suspected Child Abuse

All suspected child abuse will be reported to the Loudoun County Department of Social Services for investigation. Any suspicion of abuse or neglect will be reported to the Site Supervisor immediately. On site staff will contact their appropriate supervisor in the Parks and Recreation Department and County policy will be followed.

Fire Drills

State child care licensing requires that we perform monthly fire drills.

Licensing Information for Parents about Child Day Programs

The Commonwealth of Virginia helps assure parents that child day programs that assume responsibility for the supervision, protection and well-being of a child for any part of a 24-hour day are safe. Title 63.1, chapter 10 of the code of Virginia gives the Department of Social Services authority to license these programs. While there are some legislative exemptions to licensure, licensed programs include child day centers, family day homes, child day center systems and family day systems. The state may also voluntarily register family day homes that are not required to be licensed.

Standards for licensing child day centers address certain health precautions, adequate play space, a ration of children per staff member, equipment, program and record keeping. Criminal record checks and specific qualifications for staff and most volunteers working directly with children are also required. Standards require the facility to meet applicable fire, health and building codes.

Compliance with standards is determined by announced and unannounced visits to the program by licensing staff within the Department of Social Services. In addition, parents or other individuals may register a complaint about a program, which will be investigated if it violates a standard.

Three types of licenses may be issued to programs. Conditional licenses may be issued to a new program to allow up to six months for the program to Demonstrate compliance with the standards. A regular license is issued when the program substantially meets the standards for licensure. A provisional license, which cannot exceed six months, is issued when the program is temporarily unable to comply with the standards. Operating without a license when required constitutes a misdemeanor which, upon conviction, can be punishable by a fine of up to \$100 or imprisonment of up to 12 months or both for each day's violation.

If you would like additional information about the licensing of child day programs or would like to register a complaint, please contact the Regional Office of Social Services closest to you.

Fairfax Licensing Office
3959 Pender Drive, Suite 320
Fairfax, Virginia 22030
703. 934.1505



Douglass Community Center My 1st SUMMER CAMP PARENT HANDBOOK

**MY 1ST SUMMER CAMP
PARENT HANDBOOK
DOUGLASS COMMUNITY CENTER
407 EAST MARKET STREET
LEESBURG VA, 20176
Voice # 703-771-5913 Fax # 703-771-5926
Email: DCC@loudoun.gov**

ADMINISTRATION CONTACTS

**LOUDOUN COUNTY PARKS, RECREATION AND COMMUNITY SERVICES
703-777-0343**

Diane Ryburn, Acting Director
Loudoun County Parks, Recreation & Community Services
215 Depot Court
Leesburg, VA. 20177
Main Office 703-777-0343

Division Manager
Jan Nelson
703-777-0192

**DOUGLASS COMMUNITY CENTER
407 East Market Street
Leesburg, VA 20176
703-771-5913**

Center Manager
Judy Schreiber
703-771-5913

Assistant Manager
Jon Mattia
703-771-5914

Preschool Camp Director
Joni Walker
703-771-5913

POLICIES AND PROCEDURES**DAYS OF OPERATION**

My 1st Summer Camp runs Monday through Friday Morning 9:00AM to Noon. Afternoon camp is 1:00 to 4:00PM.

ELIGIBILITY:

All children who are POTTY TRAINED and have reached the age of 3.5 years as of May 1, 2005 through the age of 5 years may attend.

FEES & TUITION

\$70/ week is the cost for each session. There is a \$25.00 deposit for each week registered, payable at time of registration. Balance is due two weeks prior to the start of each week. According to Loudoun County policy. All non-county residents must pay an additional 25% to participate in this county tax supported program. Checks should be made payable to the **COUNTY OF LOUDOUN**.

- 1 Tuition is due 2 weeks before the 1st day of camp
- 2 Campers will be dropped from the roster if fees are not paid as scheduled.

ENROLLMENT

Prior to child attendance, The Douglass Community Summer Camp parents are required to complete the following:

1. Camp Registration Form
2. Camp Application Form
3. Commonwealth of Virginia School Annual Physical Examination and an
4. Immunization certification. Signed by Physician on both sides of form.
5. Birth Certificate form required for Proof of Age and Identity
6. Acknowledgment of Policies & Procedures Handbook must be signed.
7. Payments and fees have been made.

Parents are responsible for keeping all registration information up to date. Please submit all changes, phone numbers, address, emergency contacts, and authorized pick-up persons in writing to the center office.

SNACKS

1. Parents are asked to provide individual, non-perishable, nutritious snacks for there children each day. Snack container should be labeled with child's name.
2. Group snacks for special occasions, (Birthdays, etc.) can be arranged with the child's teacher.
3. Snack foods will not include anything that easily causes choking such as hard candy, popcorn, seeds, nuts, hot dogs, and grapes.
4. Children will be assisted in washing their hands both before and after eating.

CLOTHING

1. Children should wear clothing and shoes appropriate for all types of activities.
2. Shoes should be closed toe with rubber soles. **NO SANDLES**
3. Please mark book bags, outerwear and other items with the child's name.

SUNSCREEN

Sunscreen is essential to prevent burning. We cannot provide sunscreen for you child because of possible allergic reaction. Please be sure your child has sunscreen applied before coming to camp.

Parent/Guardian of registered participant's responsibility:

1. Parents need to provide sunscreen for their child. It is recommended to have at least 30SPF, purchased new annually, to avoid sunburn. If sunscreen is not provided for the child, the program will contact the parent or the emergency contact person for instructions on how to protect the child from overexposure to the sun.
2. Parents should send their child to the program each day with sunscreen already applied (Including cloudy days).
3. Parents should indicate on the program registration form and notify staff if their child is sensitive to the sun exposure and if the child is allergic to any sunscreen products.

ARRIVAL/DEPARTURE PROCEDURES

School starts at 9:00 AM for morning class and 1:00 PM for afternoon class. Please do not bring your child prior to this time. Children dropped off before this time interfere with the allotted time for teacher class planning and classroom set up. **CHILDREN SHOULD BE PICKED UP PROMPTLY AFTER CLASS IS OVER. A LATE PICK UP FEE OF \$15. WILL BE APPLIED. FOR THE FIRST 15 MINUTES EACH CHILD IS LEFT BEYOND THE END OF THE CLASS. AFTER THEN THE CHARGE WILL BE \$1.00 EACH MINUTE THE CHILD IS LEFT.** Children who are not picked up on time will be taken to the office to wait.

SIGN IN AND OUT PROCEDURES

1. All children must be signed in and out of the program by the person/s who are authorized in writing to do so. Leave number where you are during class time.
2. A child will be dismissed only to those authorized in writing to do so. A certified custody order must be on file in the center office to prevent a natural parent from picking up a child.

HEALTH AND EMERGENCIES

COMMUNICABLE DISEASE

1. If a child has been sick and running a fever of 100' or more he should remain home for at least 24 hours after the fever breaks or at the teacher's discretion
2. A child should not attend camp if he has a runny nose and is not capable of caring for it properly himself.
3. If the child enrolled in the camp has a communicable disease, the parents are urged to notify the school immediately so the parents of the other children can be notified.
4. Communicable Diseases- A child with a communicable disease must be excluded from the program unless otherwise directed by a physician.

IMMUNIZATIONS

1. Each child is required to have the immunizations and vaccinations appropriate for their age before acceptance into the preschool program. Immunizations must be certified by a doctor on the medical form provided by the school.
2. A child may be exempted from the immunization if the parents submit to the school a "Certificate of Religious Exemption".
3. Immunization documentation - This document can now be on a physician's form That the physician or his agent has signed on both sides.

MEDICATIONS

1. Parents are urged to administer all medications to their children.
2. Physician prescribed medications can only be dispensed with written permission from the parent. Prescribed medications ONLY can be given by teachers.
3. All medication must be labeled with the name of the medication, the correct dosage, the duration of the prescription, times to be given and the child's name along with the completed medicine form
4. A log will be maintained by the teacher of all medications dispensed including date, time given, and teacher's name.
5. Medications - Staff must inform parents of any adverse reaction to medication given during program hours or of any medication errors.

ILL OR INJURED CHILDREN

1. If a child becomes ill or is injured while at camp the parent will be immediately contacted. If the parent is not available the emergency contact person will be called.
2. Ill children will be taken to and cared for in the center office until they are picked up.
3. In an extreme emergency the child will be taken by the local rescue squad to the closest emergency facility. A member of the center staff will accompany the child and stay with him until a parent arrives.
4. Parents must be notified of any significant injuries that occur during program hours. In the case of serious injury the parent must be notified immediately. Both significant and serious injuries must be documented and the parent given a copy of the report.

DISCIPLINE

The Douglass Community Center and My 1st Summer Camp is pledged to make every effort to maintain a child in its' programs.

Discipline Notification - Staff must inform parents of persistent behavior problems and communicate any disciplinary steps taken in response to the inappropriate behavior. Discipline - must be constructive. Must be age and stage appropriate.

Must redirect child to appropriate behavior. Must help resolve conflicts. Staff must talk to parents. Child must be within hearing and vision of staff at all times and in a lighted, well ventilated area. The teachers using techniques that are consistent, fair and appropriate for each child's level of development maintain classroom discipline. These may include:

1. Setting reasonable limits for each child.
2. Giving positive, understanding directions.
3. Redirecting children into acceptable activities.
4. Using private or group discussion to help children constructively express their feelings and frustrations.
5. Arrange the equipment, materials and activities to promote desirable behavior.
6. Any and all physical or verbal abuse is strictly prohibited.

CAUSE FOR DISMISSAL

1. Failure to complete all enrollment procedures.
2. Uncontrollable behavior problems. Behavior problems of children of preschool age will be dealt with promptly. Discipline will be constructive in nature. Only after the failed efforts on the part of the administration, teacher and parents and with just cause, will dismissal be considered.
3. Failure to pay tuition.

PROCEDURES FOR DISMISSAL

1. If cause for dismissal is evident, the camp administration will contact the parents and ask for a personal conference. The conference will be held to seek positive solutions to any or all problems with the end goal of maintaining the child in the program. The teacher may or may not be present as needed.
2. A probationary time may be set following the conference to allow time to resolve the problem.
3. Only after all resources have been expended will dismissal be considered.

BATHROOM PROCEDURES

1. The teacher will accompany the students as needed to the bathroom.
2. All children will wash their hands after bathroom use.
3. Children must be Potty Trained and capable of handling their own clothing. Be careful to dress them accordingly.

LICENSING INFORMATION FOR PARENTS ABOUT CHILD DAY PROGRAMS

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Fairfax Licensing Office
3959 Pender Drive, Suite 320
Fairfax, Virginia 22030
(703) 934-1505

Northern Virginian Regional Office
320 Hospital Drive, Suite #23
Warrenton, Virginia 22186
(703) 347-6345

**COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM**

Health Information Form / Comprehensive Physical Examination Report / Certification of Immunization

Part I - HEALTH INFORMATION FORM

State law (Ref. Code of Virginia § 22.1-270) requires that your child is completely immunized and receives a comprehensive physical examination before entering public kindergarten. The parent or guardian completes this page of the form. The Medical Provider completes the second and third pages of the form. This form must be completed within one year before your child's first day in kindergarten or elementary school.

Name of School: _____ Grade: _____

Student's Name: _____

Student's Date of Birth: Last _____ First _____ Middle _____
Mo. _____ Day _____ Yr. _____ Sex: ☐ _____ State or Country of Birth: _____

Student's Social Security #: _____ or I.D. #: _____

Student's Address: _____ City: _____ State: _____ Zip: _____

Name of Mother or Legal Guardian: _____

Home Phone: _____ Area Code _____ Work Phone: _____ Area Code _____

Name of Father or Legal Guardian: _____

Home Phone: _____ Area Code _____ Work Phone: _____ Area Code _____

In case of emergency—if parent or guardian cannot be contacted—contact the following:

1. Name: _____ Complete Phone Number: _____
2. Name: _____ Complete Phone Number: _____

Assessment of Student's Health

To the best of your knowledge, has your child had any problem with the following? Please check yes or no.

Condition	Yes	No	Comments if "Yes"
Allergies (food, insects, drugs, latex)			
Allergies (seasonal)			
Asthma or breathing problems			
Attention-Deficit/Hyperactivity Disorder			
Behavioral problems			
Developmental problems			
Bladder problem			
Bleeding problems			
Bowel problem			
Cerebral Palsy			
Cystic Fibrosis			
Dental problems			
Diabetes			
Head or spinal Injury			
Hearing problems or deafness			
Heart problems			
Hospitalizations (when, why)			
Lead poisoning			
Muscular problems			
Seizures			
Sickle Cell Disease (not trait)			
Speech problems			
Surgery			
Vision problems			
Other:			

List all prescription and over-the-counter medications your child takes regularly: _____

Describe any other important health-related information about your child (i.e., feeding tube, oxygen support, hearing aid, etc.): _____

Name of your child's pediatrician or primary care provider: _____

Names of medical specialists or special clinics caring for your child: _____

Has your child ever seen a dentist? Yes: ☐, No: ☐. If yes, date of last appointment: _____

Check here if you want to discuss confidential information with the school nurse or other school authority: Yes ☐, No ☐.

Check here if you give permission for the school nurse or other school authority to contact the examining physician to discuss any information contained on this form: Yes ☐, No ☐.

Signature of Parent or Legal Guardian: _____ Date (Mo., Day, Yr.): _____

Signature of Interpreter: _____ Date (Mo., Day, Yr.): _____

Part II - COMPREHENSIVE PHYSICAL EXAMINATION REPORT

Part II must be completed by a qualified licensed physician, nurse practitioner, or physician assistant. The exam must be done within one year before enrollment in kindergarten or elementary school (Ref. *Code of Virginia* § 22.1-270).

Student's Name: _____

Date of Birth: Mo. Day Yr. Sex: _____ (M/F) Height: _____ Weight: _____ BMI Percentile _____ Blood Pressure: _____

Required Screening Tests (see Part IV)	Explanation	Result		
Anemia Screen (questions on back of form)	If positive, do hemoglobin or hematocrit	Neg:	Hgb or Hct:	
Urine Screen	Dipstick urine for glucose, protein, & other	Glucose:	Protein:	Other:
Vision Screen	Distance visual acuity without correction	Right: 20/	Left: 20/	Both: 20/
	Distance visual acuity with correction	Right: 20/	Left: 20/	Both: 20/
Stereopsis (Ocular Alignment)	Description on back of form	Pass:		Fail:
Hearing Screen	Must be done with pure tone audiometry at 20 dbL	Right:		Left:
Lead level (criteria on back of form)	Blood lead level	Date:		Result:
Optional Screening Tests (see Part IV)				
Tuberculin skin test (criteria on back of form)	May be required in high-risk groups	Pos:	Neg:	Date:

Vision Screening:

Child to be rescreened? Yes ☐, No ☐ Child to be referred? Yes ☐, No ☐

Hearing:

Child to be rescreened? Yes ☐, No ☐ Child to be referred? Yes ☐, No ☐

Systems Examination		Normal	Abnormal	Not Examined	Comments About Findings
General Appearance					
Skin					
Head					
Eyes:	External				
	Fundi				
Ears:	External and Canal				
	Tympanic Membrane				
Nose					
Throat					
Mouth / Teeth					
Neck					
Chest					
Heart					
Lungs					
Abdomen					
Genitalia (Tanner Stage)					
Bones, Joints, Muscles					
Neurological					
Posture / Range of Motion					
Other:					
		Comments			
Estimated Developmental Level:	Cognitive Development				
	Speech / Language Development				
	Social / Emotional Development				
	Health Behaviors / Health Habits				

Assessment including medical diagnoses and potentially disabling conditions that might require (1) educational evaluation, (2) environmental adjustment, or (3) activity limitation: _____

Recommendations: _____

Referrals made, if any: _____

Medical Provider's Name (print): _____ Phone No. |_|_|_|_| - |_|_|_|_| - |_|_|_|_|

Medical Provider's Address: _____ City: _____ State: _____ Zip: |_|_|_|_|

Signature of Medical Provider: _____ Date (Mo., Day, Yr.): |_|_|_|_|

PART III - CERTIFICATION OF IMMUNIZATION

Part III to be completed by a physician, nurse practitioner, or health department official.

Student's Name: _____ Date of Birth: _____
Last First Middle Mo. Day Yr.

IMMUNIZATION	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN				
Diphtheria, Tetanus, Pertussis (DTP, DTaP)	1	2	3	4	5
Diphtheria, Tetanus (DT) or Td (given after 7 years of age)	1	2	3	4	5
Poliomyelitis (IPV, OPV)	1	2	3	4	
Haemophilus influenzae Type b (Hib conjugate)	1	2	3	4	
Pneumococcal (PCV conjugate)	1	2	3	4	
Measles, Mumps, Rubella (MMR vaccine)	1	2			
Measles (Rubeola)	1	2	Serological Confirmation of Measles Immunity :		
Rubella	1	2	Serological Confirmation of Rubella Immunity :		
Mumps	1	2			
Hepatitis B Vaccine (HBV)	1	2	3		
Varicella Vaccine	1		Date of Varicella Disease:		
Other	1	2	3	4	5

MEDICAL EXEMPTION: As specified in the *Code of Virginia* § 22.1-271.2, C (ii), I certify that administration of the vaccine(s) designated below would be detrimental to this student's health. The vaccine(s) is (are) specifically contraindicated because (please specify):

DTP/DTaP:[]; DT/Td:[]; OPV/IPV:[]; Hib:[]; Pneum:[]; Measles:[]; Rubella:[]; Mumps:[]; HBV:[]; Varicella:[]

This contraindication is permanent: [], or temporary [] and expected to preclude immunizations until: Date (Mo., Day, Yr.): [][][] [][][].

Signature of Medical Provider or Health Department Official: _____ **Date (Mo., Day, Yr.):** [][][] [][][]

RELIGIOUS EXEMPTION: The *Code of Virginia* allows a child an exemption from receiving immunizations required for school attendance if the student or the student's parent/guardian submits an affidavit to the school's admitting official stating that the administration of immunizing agents conflicts with the student's religious tenets or practices. Any student entering school must submit this affidavit on a CERTIFICATE OF RELIGIOUS EXEMPTION (Form CRE-1), which may be obtained at any local health department, school division superintendent's office or local department of social services. Ref. *Code of Virginia* § 22.1-271.2, C (i).

I certify that this child has received at least one dose of each of the vaccines required by the State Board of Health for attending school and that this child has a plan for the completion of his/her requirements within the next 90 days (conditional enrollment). Next immunization due on _____.

Signature of Medical Provider or Health Department Official: _____ **Date (Mo., Day, Yr.):** [][][] [][][]

I certify that this child is **ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED** in accordance with the MINIMUM requirements for attending school, daycare or preschool prescribed by the State Board of Health's *Regulations for the Immunization of School Children* (Minimum requirements are listed on the last page of this form).

Signature of Medical Provider or Health Department Official: _____ **Date (Mo., Day, Yr.):** [][][] [][][]

Anemia Screen (Required) *

Screen for Anemia (hemoglobin or hematocrit) if any of the following are positive:

- ☐ Family has low income (Child eligible for Medicaid)
- ☐ Child eligible for WIC
- ☐ Migrant or recently arrived refugee
- ☐ Consumes a diet low in iron
- ☐ Child has limited access to food
- ☐ Child with special health care needs
- ☐ Child with history of iron-deficiency anemia
- ☐ Child takes medication that inhibits iron absorption

Urine Screen (Required) *

- ☐ Dipstick test for glucose and protein

Vision Screen (Required) *

- ☐ Test distance visual acuity in children over 3 years of age with Snellen letters, Snellen numbers, Tumbling E, HOTV, or Picture tests (Allen figures or LH symbol test)
- ☐ Distance testing at 10 feet is recommended
- ☐ Refer if worse than 20/40 with either eye (if child 3-5 years old) or 20/30 (if child 6 years old or older)
- ☐ Refer if two-line difference between eyes even if within passing range (i.e., 20/25 & 20/40 or 20/20 & 20/30)

Ocular Alignment *

Test ocular alignment in children 3 years of age and older using the unilateral cover test, the Random-dot-E test, or similar test. Refer if there is any eye movement with the unilateral cover test or less than 4 of 6 correct with the Random-dot-E test.

Hearing Screen (Required) *

- ☐ Must use pure tone audiometer (if at least 4 years old) - screen at 1000, 2000, & 4000 Hz tones at 20 dB HL in each ear.
- ☐ Reposition earphones and rescreen if the child does not pass at this dB level.
- ☐ Refer to audiologist if child does not pass rescreen at 20dB level.

Lead Screen (Required)

Test children 6 and under who were not previously tested if any of the following are true:

- ☐ Child receives services from Medicaid or WIC
- ☐ Child resides in high-risk zip code area (consult www.vahealth.org/leadsafe for list of high-risk zip codes)
- ☐ Child lives in or regularly visits a house or child-care facility built before 1950
- ☐ Child lives in or regularly visits a house or child-care facility built before 1978 that is being or was renovated within the past 6 months
- ☐ Child lives in or regularly visits a house or other structure in which one or more persons have elevated blood lead levels
- ☐ Child lives with an adult whose job or hobby involves exposure to lead
- ☐ Child lives near an active lead smelter, battery recycling plant, or other industry likely to release lead
- ☐ Child's parent or guardian requests the child's blood be tested due to any suspected exposure
- ☐ Health care provider recommends the child's blood be tested due to any suspected exposure

Tuberculosis Infection Risk (Recommended)

Consider administering a Mantoux TB skin test if the child has one or more of the following risk factors:

- ☐ Exposure to tuberculosis or to high risk adults
- ☐ TB-like symptoms
- ☐ Lived in high prevalence country or extensive travel in areas with high prevalence
- ☐ Homelessness or resident in congregate living
- ☐ Medically underserved
- ☐ HIV infection or receiving immunosuppressive therapy
- ☐ Other medical risk factors (i.e., malignancy, diabetes)

Local school systems may have specific testing requirements and policies. Please consult with your local health department.

Minimum Immunization Requirements for Entry into School and Day Care (requirements are subject to change)

- ☐ 3 DTP or DTaP – at least one dose of DTaP or DTP after 4th birthday unless received 6 doses before 4th birthday.
- ☐ 3 Polio Vaccine – at least one dose after 4th birthday unless received 4 doses of all OPV or all IPV prior to 4th birthday.
- ☐ Hib – 2-3 doses in infancy; 1 booster between 12-15 months; 1 dose between 15-60 months if unvaccinated.
- ☐ 3 Hep B doses – required for children born on or after January 1, 1994 and for students enrolling in 6th grade on or after July 1, 2001 if unvaccinated.
- ☐ 2 Measles – 1st dose on/after 12 months (365 days) of age; 2nd dose prior to entering kindergarten.
- ☐ 1 Mumps - on/after 12 months (365 days) of age.
- ☐ 1 Rubella - on/after 12 months (365 days) of age.
- ☐ 1 Varicella – to susceptible children born on/after January 1, 1997; dose on/after 12 months (365 days) of age.

* Source: *Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents*, 2000